U.S. Department of Labor
Office of Labor-Managemer t
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7744	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Donald E Milliken	Name Laborers' International Union Local #912			
	Labor Organization File Number 1594			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 9810 Gunforge Rd.	Street 10014 Harford Rd.			
City Perry Hall	City Baltimore			
State Maryland ZIP Code +4 21128-9535	State Maryland ZIP Code + 4 21234-1207			
5. Position in labor organization. President/Business Manager/Tr	ustee			
A. Held an interest in, engaged in transactions (including loans) with, or commonetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	lerived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed	On 8/10/2005 410-661-1491			
	Date Telephone Number			

Name of Person Filing Donald Milliken	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Man-U-Service Trust Fund			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	∠ b. Trust c. Employer		
Street 4600 Powder Mill Rd.	G. Employer		
City Beltsville			
State Maryland ZIP Code + 4 20705-2675			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Man-U-Service Trust Fund	Provides health coverage for Local #912 members		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 4600 Powder Mill Rd.	11.b. Approximate dollar value of such dealing.		
City Beltsville			
State Maryland ZIP Code + 4 20705-2675	12.a. Nature of interest held or income received. 1/9/04 Trustees meeting/reimbursed expenses \$830 7/9/04 Trustees meeting/reimbursed expenses \$801 11/5/04 Trustees meeting \$679 11/10-17/05 I.F.E.P.B. registration fees \$1310		
	12.b. Amount. \$3,620		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Donald Milliken	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Mercantile Safe Deposit Trust Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Two Hopkins Plaza 3rd flr. City Baltimore	9. Business deals with: a. Labor Organization b. Trust c. Employer
State Maryland ZIP Code + 4 21210	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Mercantile Safe Deposit Trust Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Two Hopkins Plaza 3rd flr. City Baltimore	Does the investments for Man-U-Service Trust Fund
State Maryland ZIP Code + 4 21210	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. 5/21/04 Dinner at a restaurant 7/9/04 Lunch at a restaurant 7/15/04 Lunch at a restaurant
	12.b. Amount. \$159

Laborers' International Union of North America, AFL-CIO Local Union No. 912

10014 HARFORD ROAD - BALTIMORE, MARYLAND 21234 - PHONE: (410) 661-1491 / FAX: (410) 882-8510

DONALD E. MILLIKEN PRESIDENT BUSINESS MANAGER BRIAN S. EWING SECRETARY-TREASURER

August 10, 2005

U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

RE: Form LM-30 Filing for Donald Milliken, U-912, Labor Organization File No.

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all my available 2004 records as well as my recollection. I have provided my best estimate or and estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise it compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Oonald E. Millibe

Sincerely,

Donald E. Milliken

President

Business Manager